



State of Georgia
Department of Labor
SEPARATION NOTICE

1. Employee's Name Jacqueline Humphrey 2. SSN [REDACTED]
a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From 11/09/2009 To 03/30/2015

4. REASON FOR SEPARATION:

a. LACK OF WORK ☐

b. If for other than lack of work, state fully and clearly the circumstances of the separation: _____

Termination

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by employer.

_____ per month % of contributions paid by employer

6. Did this employee earn at least \$3,500.00 in your employ? Yes _____ If NO, how much? _____
Average Weekly Wage _____

Employer's

Name Augusta Richmond County

Address 535 Telfair Street, Room 400
(Street or RFD)

City Augusta State GA 30901
ZIP Code

Employer's
Telephone No. 706 826-1377
(Area Code) (Number)

Ga. D.O.L. Account Number 140501-08
(Number shown on Employer's Quarterly Tax and Wage Report, Form DOL-4).

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker

[Signature]
Signature of Official, Employee of the Employer
or authorized agent for the employer

Employee Relations & Training Specialist
Title of Person Signing

04/06/2015

Date Completed and released to Employee

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190©, to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for the same information on a DOL-1199FF, you may attach a copy of this form (DOL-800) as a part of your response.

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(C) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR CAREER CENTER IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

DOL-800 (R-8/05)